

## DEC2 2010

# 510(k) Summary

**Date Prepared** 

October 1, 2010

Submitter

Medtronic, Inc.

Medtronic Perfusion Systems

7611 Northland Drive Minneapolis, MN 55428

Establish Registration Number: 2184009

**Contact Person** 

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#### Device Name and Classification

Trade Name:

CLOTtrac® Heparinase Test Cartridge (HTC) Coagulation

Contro

Common Name:

Activated Whole Blood Clotting Time

Regulation Number:

21 CFR 864.7140

Product Code:

JBP

Classification:

Class II

#### **Predicate Device**

CLOTtrac® Heparinase Test Cartridge (HTC) Coagulation Control (K042175) cleared on October 18, 2004.

## Comparison to Predicate Device

A comparison of the modified device and the currently marketed CLOTtrac® Heparinase Test Cartridge (HTC) Coagulation Control show the following similarities:

- Same intended use.
- Same operating principle.
- Same technological characteristics.
- Same performance claims.

## **Description of Device Modification**

## <u>Heparin</u>

• The modification to the current control is to replace old USP heparin with revised USP heparin. The source of the heparin remains porcine.

#### Intended Use

The intended use is unchanged.

## Labeling

The current labels are unchanged by this device modification. The current Instructions for Use (IFU) has been updated for style, grammar and readability.

- · Appendix A contains the current IFU.
- Appendix B contains the draft IFU.
- Appendix C contains the current labels

## Conclusion

The modifications to the CLOTtrac® Heparinase Test Cartridge (HTC) Coagulation Control described in this submission result in a substantially equivalent device because the fundamental scientific technology and the intended use are unchanged.

# DEPARTMENT OF HEALTH & HUMA

Food and Drug Administration 10903 New Hampshire Avenue Document Mail Center – WO66-0609 Silver Spring, MD 20993-0002

Medtronic, Inc. c/o Mr. Jeffrey L. Koll Senior Regulatory Affairs Specialist 8200 Coral Sea Street NE Mounds View, MN 55112

DEC 0 2 2010

Re: k103314

Trade/Device Name: CLOTtrac®Heparinase Test Cartridge (HTC) Coagulation Control

Regulation Number: 21 CFR 864.7140

Regulation Name: Activated whole blood clotting time tests

Regulatory Class: Class II Product Code: GGN

Dated: October 1, 2010

Received: November 10, 2010

Dear Mr. Koll:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into class II (Special Controls), it may be subject to such additional controls. Existing major regulations affecting your device can be found in Title 21, Code of Federal Regulations (CFR), Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Parts 801 and 809); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); and good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820). This letter will allow you to begin marketing your device as described in your Section 510(k) premarket

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notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Parts 801 and 809), please contact the Office of *In Vitro* Diagnostic Device Evaluation and Safety at (301) 796-5450. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <a href="http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm">http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm</a> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <a href="http://www.fda.gov/cdrh/industry/support/index.html">http://www.fda.gov/cdrh/industry/support/index.html</a>.

Sincerely yours,

Maria M. Chan, Ph.D

Director

Division of Immunology and Hematology Devices
Office of *In Vitro* Diagnostic Device Evaluation and Safety
Center for Devices and Radiological Health

Enclosure

## Indications for Use

510(k) Number (if known): K/0 33/4

Device Name: CLOTtrac® Heparinase Test Cartridge (HTC) Coagulation Control

## **Indications for Use:**

The CLOTtrac® Heparinase Test Cartridge (HTC) Coagulation Control is used to verify the performance of the ACT instrument and the Heparinase (HR-HTC) cartridges.

For In Vitro Diagnostic Use.

Prescription Use X (Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use (21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Division Sign-Off

Office of In Vitro Diagnostic Device Evaluation and Safety

510(K) K103314